

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09827557

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5	✓						55						
6	✓						56						
7		✓					57						
8		✓					58						
9		✓					59						
10	✓						60						
11	✓						61						
12	✓						62						
13		✓					63						
14		✓					64						
15		✓					65						
16	✓						66						
17	✓						67						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	✓	✓	✓	✓	✓	TOTAL IND.	✓	✓	✓	✓	✓	✓
TOTAL DEP.	9	✓	✓	✓	✓	✓	TOTAL DEP.	✓	✓	✓	✓	✓	✓
TOTAL CLAIMS	17						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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